







SERIAL NUMBER 09/379,463	FILING DATE 08/24/99	CLASS 382	GROUP ART UNIT 2721 2624	ATTORNEY DOCKET NO. CIT/K-081					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>JAE MIN KIM, KANG-WON-DO, REPUBLIC OF KOREA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED </p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED </p> <p>**FOREIGN APPLICATIONS***** VERIFIED REPUBLIC OF KOREA 35507/1998 08/31/98 </p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged  <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div> </td> <td style="width:10%;">STATE OR COUNTRY KRX</td> <td style="width:10%;">SHEETS DRAWING 2</td> <td style="width:10%;">TOTAL CLAIMS 20</td> <td style="width:10%;">INDEPENDENT CLAIMS 3</td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged  <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY KRX	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>FLESHNER & KIM P O BOX 221200 CHANTILLY VA 20153-1200</p> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>METHOD OF REMOVING BLOCK PHENOMENON AND RING PHENOMENON IN * COMPRESSION CODED IMAGE</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">FILING FEE RECEIVED \$760</td> <td style="width:40%;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:40%;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>					FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		
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